

## **Pest Control Treatment & Pest Control Bed Bugs**

Revised April 2019

### **Definition**

Pest Control Treatment and Pest Control Bed Bugs aid in maintaining an environment free of insects such as roaches and other potential disease carriers to enhance safety, sanitation, and cleanliness of the participant's home/or residence.

### **Service Unit**

Pest Control Treatment: maximum of one unit every other month at \$45.00 per unit

Pest Control Bed Bugs: limited to one unit per year at \$1,000 per unit

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Service Rates> HASCI*

### **Service Limit / Restrictions**

**Individuals receiving Residential Habilitation services may not receive Pest Control services through the HASCI Waiver.**

Pest Control Treatment authorizations are for a maximum of one unit every other month at \$45.00 per unit.

Pest Control Bed Bugs authorizations are limited to one time per year at \$1,000 per unit.

Pest Control treatments shall include both in-home and exterior treatment. All providers must go into the participant's home/or residence to inspect and treat the home environment.

A responsible adult who is eighteen years of age or older must be at the participant's home/or residence at the time of the treatment or the provider will need to reschedule for a time when the responsible adult who is eighteen years of age or older will be present at the participant's home/or residence.

Pest control services must be completed by the provider within 14 days of acceptance of the authorization for service.

## **Providers**

Licensed business, enrolled with SCDHHS to provide Pest Control Services.

## **Arranging and Authorizing the Service**

If the Waiver Case Manager determines that a participant is in need of Pest Control Treatment and/or Pest Control Bed Bugs, this must be clearly documented in the participant's Support Plan. The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed. Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in Case Notes.

To initiate the service following approval by the Waiver Administration Division, the chosen provider must be authorized using the Authorization for Pest Control Treatment, or Authorization for Pest Control-Bed Bugs- *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver*. A copy of the authorization must be maintained in the participant's file. Providers will receive new authorizations only when there is a change to the authorized service amount, frequency or duration.

## **Billing**

Pest Control Treatment and Pest Control Bed Bugs must always be Direct-billed to Medicaid. Billing to SCDHHS is indicated on the *Authorization for Pest Control Treatment (HASCI Form 12-PCT)* or *Authorization for Pest Control-Bed Bugs (HASCI Form 12-PCBB)*; a prior authorization number must be assigned. All instructions on the authorization must be followed in order to be reimbursed for the pest control service.

## **Monitorship**

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitorship include:

- Is the participant satisfied with the provider of his/her service?
- When was the last time the service was received?
- Is the service meeting the need?
- Is the participant receiving the service as authorized?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

### **Service Denial, Reduction, Suspension, and Termination**

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated. In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will update the Support Plan to reflect the change in the service and will reconcile the waiver budget accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.